

FORM
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Rev
11/20

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402543263

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 83130 Contact Name: Shawn Reed
Name of Operator: STRACHAN EXPLORATION INC Phone: (303) 5626530
Address: 383 INVERNESS PKWY, STE 360 Fax: (303) 7998975
City: ENGLEWOOD State: CO Zip: 80112 Email: shawn@strachanexploration.com

API Number 05-011-06060-00 County: BENT
Well Name: SNIFF Well Number: E-1
Location: QtrQtr: CNW Section: 15 Township: 23S Range: 48W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1320 feet Direction: FNL Distance: 1320 feet Direction: FWL
As Drilled Latitude: _____ As Drilled Longitude: _____
GPS Data: GPS Quality Value: _____ Type of GPS Quality Value: _____ Date of Measurement: _____
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
Field Name: WAGON TRAIL Field Number: 90475
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/04/1976 Date TD: 04/17/1976 Date Casing Set or D&A: 04/18/1976

Rig Release Date: 04/18/1976 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 4828 TVD** 4828 Plug Back Total Depth MD 4718 TVD** 4718

Elevations GR 3814 KB 3824 Digital Copies of ALL Logs must be Attached

List All Logs Run:

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): _____ Fresh Water (bbls): _____

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): _____

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
1ST	7+7/8	5+1/2	j-55	15.5	0	4718	215	4718	3500	CBL

Subsurface hazards include, but are not limited to, the following: overpressured zones, underpressured zones, major geologic faults, salt sections, H2S at concentrations greater than or equal to 100 ppm.

Bradenhead Pressure Action Threshold _____ psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? No

If "NO", provide details below.

historical detail is unclear, but highly doubtful that April 1976 spud date

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/21/2020

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,795	75	2,745	2,845

Details of work:

Had a casing leak. Identified location and perforated 2795'. Squeeze w 75 sacks Cement w adds. Achieved 1000psi, released packer, pulled up the hole 500' and left 500psi on system. Drilled out and pressure tested to 300 psi. Attempted to put well back on production.

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Operator Comments:

This submission outlines
 1) the 2nd stage cementing operation from 1976
 2) Casing repair work from Aug 2020

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Shawn D Reed

Title: Consulting Engineer Date: _____ Email: shawn@strachanexploration.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402543289	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
402543283	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402543314	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402543315	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402543321	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

